



REGISTERED SANITARIAN EXAMINING COMMITTEE
APPLICATION FOR REGISTRATION
AS A REGISTERED SANITARIAN
AS PROVIDED BY
KRS CHAPTER 223

DATE _____

Instructions:

1. Type or print in ink.
2. Attach official college transcript & a copy of your diploma.
3. Include \$30 fee.
4. If space is inadequate for any answer, use extra sheet of paper and number items to correspond with items listed.

NOT FOR USE BY APPLICANT

Date _____ Approved
Disapproved

Secretary, Examining Committee

Chairman, Examining Committee

Registered now in State of _____ No. _____

Date of Registration _____ Renewal date _____

If not registered in any state, check here ☐

1. Name _____

2. Date of birth _____ 3. Social Security # _____

5. Home address _____

6. Business address _____

7. Send mail to: Business Home 8. Business phone # _____
Home phone # _____

9. Academic degrees attained: (Include institution, location, major, minor, years of full-time attendance, degree and year)

Name _____

10. Additional education and training in environmental health. (Do not list courses of less than two weeks duration.)

Institution or Agency	Title of Course	Dates	
		From	To
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. Membership in professional organizations and honorary societies (past & present)

Name of Organization	Year Joined	Type of Membership*
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Offices held and dates:

12. Present employer _____

Address of employment _____

Date assigned to position _____

Name and title of supervisor _____

Exact title of present position _____

Name _____

Description of duties. Include major responsibility and specific activities and indicate percent of time in environmental health. (Do not use official job description.)

*Type of membership: Honorary, Fellow, Member, Associate Member, Student Member, Other (specify).

Show promotions and advancement within present employment:

13. Previous employment. (Start with most recent position and work back.) Emphasize those portions of work that are in specialty areas of environmental health or closely related. Attach additional sheets if necessary.

Name of employer _____

Address of employment _____

Dates of employment: From _____ To _____

Exact title of position and brief description of work. Include major responsibility and specific fields and indicate percent of time in environmental health work.

Name _____

Name of employer _____

Address of employment _____

Dates of employment: From _____ To _____

Exact title of position and brief description of work. Include major responsibility and specific fields and indicate percent of time in environmental health work.

Name of employer _____

Address of employment _____

Dates of employment: From _____ To _____

Exact title of position and brief description of work. Include major responsibility and specific fields and indicate percent of time in environmental health work.

14. Categories of competency: (Identify the categories in the list below in which you have had special training and/or experience.)

___ Environmental Health (general)

___ Milk and Food Sanitation

___ Vector and Solid Waste Control

___ Radiological Health

___ Air Pollution Control

___ Industrial Hygiene

___ Institutional Sanitation

___ Water Supply and Waste

Disposal

___ Housing Hygiene

___ Environmental Health

Administration

___ Other

Name _____

15. Special Achievements:

A. Medals, citations, scholarships, or other awards _____

B. Committee activities _____

C. Journal publications and books _____

D. Research or special studies _____

16. Professional references: Name, title, and address of at least 3 persons other than your supervisor with whom you have had professional association and who are qualified to evaluate your environmental health competence.

FEES: All applicants are required to remit to the Kentucky Registered Sanitarian Examining Committee a \$30 filing fee at the time the application is submitted. This fee also includes the first year's registration fee. Make check, money order, or draft payable to the Kentucky State Treasurer. Mail application, college transcript and fee to:

GUY F. DELIUS, SECRETARY
REGISTERED SANITARIAN EXAMINING
COMMITTEE
DIV. OF PUBLIC HEALTH PROTECTION AND
SAFETY
275 EAST MAIN STREET; HS2E-C
FRANKFORT, KY 40621
ATTN: VICKI SMITH

I certify that the statements above, including any attachments I have submitted hereto, are to the best of my knowledge accurate, and I understand that any falsification of information in this application will be cause for rejection of the application or withdrawal of registration already made.

(DATE)

(SIGNATURE OF APPLICANT)